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SERIAL NUMBER 10/600,061	MH 4-13-05 FILING DATE 06/20/2003 RULE	CLASS 604	GROUP ART UNIT 3761	ATTORNEY DOCKET NO. P-3460(CON)
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APPLICANTS

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MH 4-13-05

** CONTINUING DATA *****
 This application is a CON of 09/545,339 04/07/2000 PAT 6,695,823 MH 4-13-05

** FOREIGN APPLICATIONS *****
 none MH 4-13-05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 09/12/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>MH</i>	STATE OR COUNTRY TX	MH 4-13-05 SHEETS DRAWING 11	MH 4-13-05 TOTAL CLAIMS 17	MH 4-13-05 INDEPENDENT CLAIMS 2
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ADDRESS
 30553
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 78205

TITLE
 Wound therapy device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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